

## **EXHIBIT A**

CUSTOMER CLAIM

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

BAC Local 2 Annuity Fund  
300 Centre Drive  
Albany, NY 12203  
Andover Associates,  
Madoff Account #: 1-A0061  
Tax ID #: 16-1298071

Provide your office and home telephone no.

OFFICE: 1-800-664-8314

HOME: 1-518-258-4066

Taxpayer I.D. Number (Social Security No.)

16-1298071

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- \*\*\*\*\*
1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 337.21
- b. I owe the Broker a Debit (Dr.) Balance of \$ - 0 -

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, It must be enclosed  
with this claim form. \$ - 0 -

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities        | <u>X</u>   |           |
| b. I owe the Broker securities          |            | <u>X</u>  |
| c. If yes to either, please list below: |            |           |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
	\$ <u>223,289.42</u>	<u>X</u>	
	<u>Please refer to Andover Associates</u>		
	<u>SIPC Claim: the above estimated</u>		
	<u>Amount is the claimant's share</u>		
	<u>of the Madoff loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- |   | <u>YES</u> | <u>NO</u>   |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 3/2/2009 Signature [Signature]  
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

## RESOLUTION

WHEREAS, the Bricklayers and Allied Craftsmen Local 2 Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Stephen O'Sick, Administrator of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

Dated: 3/2/09

Dated: 3/2/09

BRICKLAYERS AND ALLIED CRAFTSMEN  
LOCAL 2 ANNUITY FUND

By: [Signature]

Robert Mantello, Union Trustee

By: [Signature]

Luke Renna, Union Trustee

Dated: 3/2/09By: Anthony Caropreso

Anthony Caropreso, Employer Trustee

Dated: 3/2/09By: Earl N. Hall

Earl N. Hall, Employer Trustee

Re/Madoff/BRICKAD/SIPC Resolution- Indirect

## CUSTOMER CLAIM

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

## BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

BAC Local 2 Health Benefit Fund  
300 Centre Drive  
Albany, NY 12203  
Andover Associates,  
Madoff Account #: 1-A0061  
Tax ID #: 14-1461803

Provide your office and home telephone no.

OFFICE: 1-800-664-8314HOME: 1-518-258-4066

Taxpayer I.D. Number (Social Security No.)

14-1461803

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

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1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 123.01b. I owe the Broker a Debit (Dr.) Balance of \$ - 0 -



- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ - 0 -

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities        | <u>X</u>   |           |
| b. I owe the Broker securities          |            | <u>X</u>  |
| c. If yes to either, please list below: |            |           |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
	\$81,451.49	<u>X</u>	
	<u>Please refer to Andover Associates</u>		
	<u>SIPC Claim: the above estimated</u>		
	<u>amount is the claimant's share</u>		
	<u>of the Madoff loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	_____X_____
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	_____X_____
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	_____X_____
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	_____X_____
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____X_____
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	_____X_____

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 3/2/2009 Signature H. H. Old

Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

**RESOLUTION**

**WHEREAS**, the Bricklayers and Allied Craftworkers Local 2, Albany, New York, Health Benefit Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Stephen O'Sick, Administrator of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**BRICKLAYERS AND ALLIED  
CRAFTWORKERS LOCAL 2, ALBANY, NEW  
YORK, HEALTH BENEFIT FUND**

Dated: 3/2/09

By: [Signature]

Robert Mantello, Union Trustee

Dated: 3/2/09

By: [Signature]

Luke Renna, Union Trustee

Dated: 2/25/2009

By:

Stephen O'Sick  
Stephen O'Sick, Union Trustee

Dated: 2/27/2009

By:

Michael J. Suprenant  
Michael Suprenant, Union Trustee

Dated: 3/2/09

By:

Dale Stahlin  
Dale Stahlin, Union Trustee

Dated: 2-26-09

By:

Pasquale Firino  
Pasquale Firino, Union Trustee

Dated: 3/2/09

By:

Anthony Caroppo  
Anthony Caroppo, Employer Trustee

Dated: 3/2/09

By:

Earl N. Hall  
Earl N. Hall, Employer Trustee

Dated: 3/2/09

By:

Thomas Murray  
Thomas Murray, Employer Trustee

Dated: 3/2/09

By:

Todd Helfrich  
Todd Helfrich, Employer Trustee

Dated: 03-02-09

By:

J.D. Gilbert  
J.D. Gilbert, Employer Trustee

## CUSTOMER CLAIM

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

## BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

OFFICE: 1-800-664-8314HOME: 1-518-258-4066

Taxpayer I.D. Number (Social Security No.)

14-1461803

BAC Local 2 Health Benefit Fund  
300 Centre Drive  
Albany, NY 12203  
Beacon Associates,  
Madoff Account #: 1-B0118  
Tax ID #: 14-1461803

(If incorrect, please change)

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1. Claim for money balances as of December 11, 2008:

- a. The Broker owes me a Credit (Cr.) Balance of \$ 4,24
- b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ -0-

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities        | <u>X</u>   |           |
| b. I owe the Broker securities          |            | <u>X</u>  |
| c. If yes to either, please list below: |            |           |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
	<u>\$930,119.07</u>	<u>X</u>	
	<u>Please refer to Beacon Associates</u>		
	<u>SIPC Claim; the above estimated</u>		
	<u>Amount is the claimant's share</u>		
	<u>of the Madoff loss only.</u>		

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- |   | <u>YES</u> | <u>NO</u>   |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____X_____ |



9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker. \_\_\_\_\_ X

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THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 3/2/2009 Signature [Signature]

Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

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Claims Processing Center  
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Dallas, TX 75201

## RESOLUTION

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**BRICKLAYERS AND ALLIED  
CRAFTWORKERS LOCAL 2, ALBANY, NEW  
YORK, HEALTH BENEFIT FUND**

Dated: 3/2/09

By: [Signature]

Robert Mantello, Union Trustee

Dated: 3/2/09

By: [Signature]

Luke Renna, Union Trustee

Stephen O'Sick, Union Trustee

Dated: 2/27/2009

By: [Signature]  
Michael Suprenant, Union Trustee

Dated: 3/2/09

By: [Signature]  
Dale Stahlin, Union Trustee

Dated: 2-26-09

By: [Signature]  
Pasquale Firino, Union Trustee

Dated: 3/2/09

By: [Signature]  
Anthony Caroppo, Employer Trustee

Dated: 3/2/09

By: [Signature]  
Earl N. Hall, Employer Trustee

Dated: 3/2/09

By: [Signature]  
Thomas Murray, Employer Trustee

Dated: 3/2/09

By: [Signature]  
Todd Helfrich, Employer Trustee

Dated: 03-02-09

By: [Signature]  
J.D. Gilbert, Employer Trustee

CUSTOMER CLAIM

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

OFFICE: (315) 437-9346

HOME: 1315) 437-3717

Taxpayer I.D. Number (Social Security No.)

22-3089633

Building Trades Employers Insurance Fund  
563 Ridings Road  
Syracuse, NY 13206  
Eaton Associates,  
Madoff Account #: 1-B0118  
Fax ID #: 22-3089633

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

\*\*\*\*\*

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 2.77  
b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, it must be enclosed  
with this claim form.

\$ -0-  
None

- d. If balance is zero, insert "None."

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities        | <u>X</u>   |           |
| b. I owe the Broker securities          |            | <u>X</u>  |
| c. if yes to either, please list below: |            |           |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
	<u>\$608,154.78</u>	<u>X</u>	
	<u>Please refer to Beacon Associates</u>		
	<u>SIPC Claim; the above estimated</u>		
	<u>amount is the claimant's share</u>		
	<u>of the Madoff loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

- |   | <u>YES</u> | <u>NO</u>   |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2-27-09 Signature Earl Hall  
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities L LC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

**EXHIBIT A**



**LIST OF INDIVIDUALS PROVIDING  
ASSISTANCE WITH CLAIM FORM FOR  
BUILDING TRADES EMPLOYERS INSURANCE FUND  
[22-3089633]**

Dr. John P. Jeanneret, President  
J.P. Jeanneret Associates, Inc.  
White Memorial Building  
100 East Washington Street  
Syracuse, New York 13202  
Telephone: (315) 478-2770

Charles E. Blitman, Esq.  
Jonathan M. Cerrito, Esq.  
Blitman & King LLP  
Franklin Center, Suite 300  
443 North Franklin Street  
Syracuse, New York 13204-5412  
Telephone: (315) 422-7111

Lori A. Browne, Plan Administrator  
Building Trades Employers Insurance Fund  
6563 Ridings Road  
Syracuse, New York 13206  
Telephone: (315) 437-9346

**EXHIBIT B**

**RESOLUTION**

**WHEREAS**, the Building Trades Employers Insurance ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Earl N. Hall, Trustee of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**BUILDING TRADES EMPLOYERS  
INSURANCE FUND**

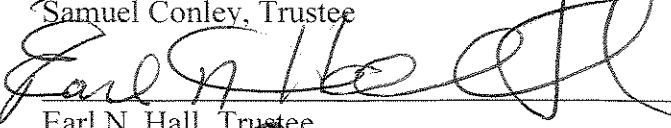
Dated: 2/23/09

By:   
James D. Taylor, III, Trustee

Dated: 2/24/2009

By:   
Samuel Conley, Trustee

Dated: 2-23-09

By:   
Earl N. Hall, Trustee

Dated: 2-26-09

By:   
David Rebhahn, Trustee

**LIST OF TRUSTEES AND CONTACT INFORMATION FOR  
BUILDING TRADES EMPLOYERS INSURANCE FUND  
(EIN # 22-3089633)**

James D. Taylor, III, Trustee  
Building Trades Employers Insurance Fund  
c/o J.D. Taylor Construction Corp.  
PO Box 155, Eastwood Station  
Syracuse, New York 13206  
Telephone: (315) 437-9346

Samuel Conley, Trustee  
Building Trades Employers Insurance Fund  
c/o Whitacre Engineering  
4522 Wetzel Road  
Liverpool, New York 13090  
Telephone: (315) 622-1075

Earl N. Hall, Trustee  
Building Trades Employers Insurance Fund  
c/o CEA of CNY  
6563 Ridings Road  
Syracuse, New York 13206  
Telephone: (315) 437-9936

David Rebhahn, Trustee  
Building Trades Employers Insurance Fund  
c/o Schopfer Architects  
111 James Street  
Syracuse, New York 13203  
Telephone: (315) 437-9346



**CENTRAL NEW YORK LABORERS'**  
**HEALTH AND WELFARE, PENSION, ANNUITY & TRAINING FUNDS**  
7051 FLY ROAD • EAST SYRACUSE, NY 13057-9659  
PHONE (315) 434-9305 • FAX (315) 437-8627

JANET M. MORO  
FUND ADMINISTRATOR

February 26, 2009

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Central New York Laborers' Annuity Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

CENTRAL NEW YORK LABORERS' ANNUITY  
FUND

Janet M. Moro  
Fund Administrator

JMM/rms

Enclosures

jmc\Madoff\SIPC\IndirectMadoffInvest\CNYLabAF\Income\Picardltr

**CUSTOMER CLAIM**

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

**BERNARD L. MADOFF INVESTMENT SECURITIES LLC**

In Liquidation

**DECEMBER 11, 2008**

Central New York Laborers' Annuity Fund  
7051 Fly Road  
East Syracuse, NY 13057  
Beacon Associates,  
Madoff Account #: 1-B0118  
Tax ID #: 16-1229376

Provide your office and home telephone no.

OFFICE: (315) 434-9305

HOME: (315) 420-8716

Taxpayer I.D. Number (Social Security No.)  
16-1229376

(If incorrect, please change)

**NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.**

\*\*\*\*\*

1. Claim for money balances as of **December 11, 2008**:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 16.95
- b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ -0-

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u>    | <u>NO</u>     |
|---|---------------|---------------|
| a. The Broker owes me securities        | <u>X</u>      | <u>      </u> |
| b. I owe the Broker securities          | <u>      </u> | <u>X</u>      |
| c. if yes to either, please list below: |               |               |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
<u>      </u>	<u>\$3,720,476.27</u>	<u>X</u>	<u>      </u>
<u>      </u>	<u>Please refer to Beacon Associates</u>	<u>      </u>	<u>      </u>
<u>      </u>	<u>SIPC Claim; the above estimated</u>	<u>      </u>	<u>      </u>
<u>      </u>	<u>amount is the claimant's share</u>	<u>      </u>	<u>      </u>
<u>      </u>	<u>of the Madoff loss only.</u>	<u>      </u>	<u>      </u>

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

- |   | <u>YES</u> | <u>NO</u>   |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____X_____ |



9. Have you or any member of your family  
ever filed a claim under the Securities  
Investor Protection Act of 1970? if  
so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the  
preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that  
case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM.  
CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR  
IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY  
INFORMATION AND BELIEF.

Date February 26, 2009 Signature Janet M. Moore

Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name,  
address, phone number, and extent of ownership on a signed separate sheet. If other  
than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity  
and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly,  
together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201



**LIST OF INDIVIDUALS PROVIDING  
ASSISTANCE WITH CLAIM FORM FOR  
CENTRAL NEW YORK LABORERS' ANNUITY FUND  
[16-1229376]**

Dr. John P. Jeanneret, President  
J.P. Jeanneret Associates, Inc.  
White Memorial Building  
100 East Washington Street  
Syracuse, New York 13202  
Telephone: (315) 478-2770

Charles E. Blitman, Esq.  
Jonathan M. Cerrito, Esq.  
Blitman & King LLP  
Franklin Center, Suite 300  
443 North Franklin Street  
Syracuse, New York 13204-5412  
Telephone: (315) 422-7111

Janet M. Moro, Fund Administrator  
Central New York Laborers' Annuity Fund  
7051 Fly Road  
East Syracuse, New York 13057-9659  
Telephone: (315) 434-9305



**RESOLUTION**

**WHEREAS**, the Central New York Laborers' Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

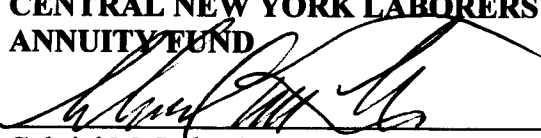
**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**CENTRAL NEW YORK LABORERS'  
ANNUITY FUND**

Dated: 2-19-09

By:

  
Gabriel M. Rosetti, Jr., Union Trustee


Dated: 2-19-09

By:

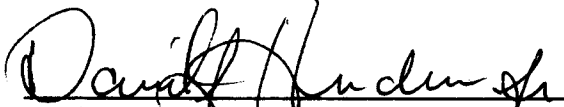
  
Vincent Lazzaro, Union Trustee

Dated: 2-19-09

By:

  
Gabriel M. Rosetti, III, Union Trustee

Dated: 2-24-09

By:   
David Henderson, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl N. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl R. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Todd C. Curran, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Paul A. Castaldo, Employer Trustee

## **RESOLUTION**

**WHEREAS**, the Central New York Laborers' Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

### **CENTRAL NEW YORK LABORERS' ANNUITY FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
David Henderson, Jr., Union Trustee

Dated: Feb. 20, 2009

By: Earl N. Hall  
Earl N. Hall, Employer Trustee

Dated: FEB 23 2009

By: Earl R. Hall  
Earl R. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Todd C. Curran, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Paul A. Castaldo, Employer Trustee



**RESOLUTION**

**WHEREAS**, the Central New York Laborers' Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**CENTRAL NEW YORK LABORERS'  
ANNUITY FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
David Henderson, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl N. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl R. Hall, Employer Trustee

Dated: 7/19/09

By: Todd C. Curran  
Todd C. Curran, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Paul A. Castaldo, Employer Trustee

**RESOLUTION**

**WHEREAS**, the Central New York Laborers' Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**CENTRAL NEW YORK LABORERS'  
ANNUITY FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee



Dated: \_\_\_\_\_

By: \_\_\_\_\_  
David Henderson, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl N. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl R. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Todd G. Curran, Employer Trustee

Dated: 2.25.09

By:   
Paul A. Castaldo, Employer Trustee

**CNY LABORERS' ANNUITY FUND**  
**EIN NO. 16-1229376**

**UNION TRUSTEES**

Gabriel M. Rosetti, III  
4 Braston Lane  
Jordan, New York 13080  
Telephone:

Gabriel M. Rosetti, Jr., Secretary  
c/o Laborers Local 633  
7051 Fly Road, Suite A  
East Syracuse, New York 13057  
Telephone: (315) 471-1591

Vincent Lazzaro  
c/o Laborers Local 633  
7051 Fly Road, Suite A  
East Syracuse, New York 13057  
Telephone: (315) 471-1591

David Henderson, Jr.,  
c/o Laborers Local 633  
23 Mitchell Street  
Oswego, New York 13126  
Telephone: (315) 343-7661

**EMPLOYER TRUSTEES**

Earl R. Hall, Chairman  
Building Trades Employers Assoc.  
6563 Ridings Road  
Syracuse, New York 13206  
Telephone: (315) 437-9936

Earl N. Hall  
Construction Employers Assoc.  
of CNY, Inc.  
6563 Ridings Road  
Syracuse, New York 13206  
(315) 437-4050

Todd C. Curran  
The Curran Company  
The Union Building, Suite 204  
12 South Main Street  
P.O. Box 258  
Homer, New York 13077  
Telephone: (607) 749-2950

Paul Castaldo  
c/o Paul A. Castaldo, Inc.  
11 Fourth Avenue, Suite D  
Oswego, New York 13126  
Telephone: (315) 343-7980



**CENTRAL NEW YORK LABORERS'**  
**HEALTH AND WELFARE, PENSION, ANNUITY & TRAINING FUNDS**  
7051 FLY ROAD • EAST SYRACUSE, NY 13057-9659  
PHONE (315) 434-9305 • FAX (315) 437-8627

JANET M. MORO  
FUND ADMINISTRATOR

February 26, 2009

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Central New York Laborers' Health and Welfare Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

CENTRAL NEW YORK LABORERS' HEALTH  
AND WELFARE FUND

Janet M. Moro  
Fund Administrator

JMM/tlw

Enclosures

jmc\Madoff\SIPC\IndirectMadoffInvest\CNYLabHWF\Beacon\Picardltr

**CUSTOMER CLAIM**

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

**BERNARD L. MADOFF INVESTMENT SECURITIES LLC**

In Liquidation

**DECEMBER 11, 2008**

Central New York Laborers' Health & Welfare Fund  
7051 Fly Road  
East Syracuse, NY 13057  
Andover Associates,  
Madoff Account #: 1-A0061  
Tax ID #: 16-6044095

Provide your office and home telephone no.

OFFICE: (315) 434-9305

HOME: (315) 420-8716

Taxpayer I.D. Number (Social Security No.)  
16-6044095

(If incorrect, please change)

**NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.**

\*\*\*\*\*

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 549.29
  - b. I owe the Broker a Debit (Dr.) Balance of \$ - 0 -

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ - 0 -

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u>    | <u>NO</u>     |
|---|---------------|---------------|
| a. The Broker owes me securities        | <u>X</u>      | <u>      </u> |
| b. I owe the Broker securities          | <u>      </u> | <u>X</u>      |
| c. If yes to either, please list below: |               |               |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
<u>      </u>	<u>\$ 363,723.00</u>	<u>X</u>	<u>      </u>
<u>      </u>	<u>Please refer to Andover Associates</u>	<u>      </u>	<u>      </u>
<u>      </u>	<u>SIPC Claim; the above estimated</u>	<u>      </u>	<u>      </u>
<u>      </u>	<u>amount is the claimant's share</u>	<u>      </u>	<u>      </u>
<u>      </u>	<u>of the Madoff loss only.</u>	<u>      </u>	<u>      </u>

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or



information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

- |   | <u>YES</u> | <u>NO</u>   |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date February 26, 2009 Signature Janet M. Moore  
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

**LIST OF INDIVIDUALS PROVIDING  
ASSISTANCE WITH CLAIM FORM FOR  
CENTRAL NEW YORK LABORERS' HEALTH AND WELFARE FUND  
[16-6044095]**

Dr. John P. Jeanneret, President  
J.P. Jeanneret Associates, Inc.  
White Memorial Building  
100 East Washington Street  
Syracuse, New York 13202  
Telephone: (315) 478-2770

Charles E. Blitman, Esq.  
Jonathan M. Cerrito, Esq.  
Blitman & King LLP  
Franklin Center, Suite 300  
443 North Franklin Street  
Syracuse, New York 13204-5412  
Telephone: (315) 422-7111

Janet M. Moro, Fund Administrator  
Central New York Laborers' Health and Welfare Fund  
7051 Fly Road  
East Syracuse, New York 13057-9659  
Telephone: (315) 434-9305

## RESOLUTION

**WHEREAS**, the Central New York Laborers' Health and Welfare Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.


**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**CENTRAL NEW YORK LABORERS'  
HEALTH AND WELFARE FUND**


Dated: 2-19-09

By:

  
Gabriel M. Rosetti, Jr., Union Trustee

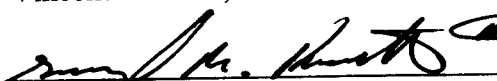
Dated: 2-19-09

By:


  
Vincent Lazzaro, Union Trustee

Dated: 2-19-09

By:

  
Gabriel M. Rosetti, III, Union Trustee

Dated: 2-21-09

By:   
David Henderson, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl N. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl R. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Todd C. Curran, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Paul A. Castaldo, Employer Trustee

**RESOLUTION**

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**CENTRAL NEW YORK LABORERS'  
HEALTH AND WELFARE FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_

David Henderson, Jr., Union Trustee

Dated: Feb 20, 2009

By: \_\_\_\_\_

Earl N. Hall, Employer Trustee

Dated: FEB 23 2009

By: \_\_\_\_\_

Earl R. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Todd C. Curran, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Paul A. Castaldo, Employer Trustee

**RESOLUTION**

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**CENTRAL NEW YORK LABORERS'  
HEALTH AND WELFARE FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee



Dated: \_\_\_\_\_

By: \_\_\_\_\_  
David Henderson, Jr., Union Trustee

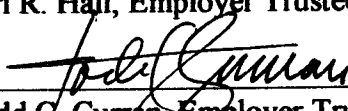
Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl N. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl R. Hall, Employer Trustee

Dated: 2/19/09

By:   
Todd C. Curran, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Paul A. Castaldo, Employer Trustee

**RESOLUTION**

**WHEREAS**, the Central New York Laborers' Health and Welfare Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

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**CENTRAL NEW YORK LABORERS'  
HEALTH AND WELFARE FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee



Dated: \_\_\_\_\_

By: \_\_\_\_\_  
David Henderson, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl N. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl R. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Todd C. Curran, Employer Trustee

Dated: 2.25.09

By:   
Paul A. Castaldo, Employer Trustee

**CNY LABORERS' HEALTH AND WELFARE FUND**  
**EIN NO. 16-6044095**

**UNION TRUSTEES**

Gabriel M. Rosetti, III  
4 Braston Lane  
Jordan, New York 13080  
Telephone:

Gabriel M. Rosetti, Jr., Secretary  
c/o Laborers Local 633  
7051 Fly Road, Suite A  
East Syracuse, New York 13057  
Telephone: (315) 471-1591

Vincent Lazzaro  
c/o Laborers Local 633  
7051 Fly Road, Suite A  
East Syracuse, New York 13057  
Telephone: (315) 471-1591

David Henderson, Jr.,  
c/o Laborers Local 633  
23 Mitchell Street  
Oswego, New York 13126  
Telephone: (315) 343-7661

**EMPLOYER TRUSTEES**

Earl R. Hall, Chairman  
Building Trades Employers Assoc.  
6563 Ridings Road  
Syracuse, New York 13206  
Telephone: (315) 437-9936

Earl N. Hall  
Construction Employers Assoc.  
of CNY, Inc.  
6563 Ridings Road  
Syracuse, New York 13206  
(315) 437-4050

Todd C. Curran  
The Curran Company  
The Union Building, Suite 204  
12 South Main Street  
P.O. Box 258  
Homer, New York 13077  
Telephone: (607) 749-2950

Paul Castaldo  
c/o Paul A. Castaldo, Inc.  
11 Fourth Avenue, Suite D  
Oswego, New York 13126  
Telephone: (315) 343-7980



# CENTRAL NEW YORK LABORERS'

HEALTH AND WELFARE, PENSION, ANNUITY & TRAINING FUNDS

7051 FLY ROAD • EAST SYRACUSE, NY 13057-9659

PHONE (315) 434-9305 • FAX (315) 437-8627

JANET M. MORO  
FUND ADMINISTRATOR

February 26, 2009

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Central New York Laborers' Health and Welfare Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

CENTRAL NEW YORK LABORERS' HEALTH  
AND WELFARE FUND

Janet M. Moro  
Fund Administrator

JMM/tlw

Enclosures

jmc\Madoff\SIPC\IndirectMadoffInvest\CNYLabHWF\Beacon\Picardltr

**CUSTOMER CLAIM**

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

**BERNARD L. MADOFF INVESTMENT SECURITIES LLC**

In Liquidation

**DECEMBER 11, 2008**

Provide your office and home telephone no.

Central New York Laborers' Health and Welfare Fund  
7051 Fly Road  
East Syracuse, NY 13057  
Beacon Associates,  
Madoff Account #: 1-B0118  
Tax ID #: 16-6044095

OFFICE: (315) 434-9305

HOME: (315) 420-8716

Taxpayer I.D. Number (Social Security No.)  
16-6044095

(If incorrect, please change)

**NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.**

\*\*\*\*\*

1. Claim for money balances as of **December 11, 2008**:

- a. The Broker owes me a Credit (Cr.) Balance of \$ 9.45
- b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, it must be enclosed  
with this claim form.

\$ -0-

- d. If balance is zero, insert "None."

None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities        | <u>X</u>   |           |
| b. I owe the Broker securities          |            | <u>X</u>  |
| c. If yes to either, please list below: |            |           |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
	<u>\$2,074,881.00</u>	<u>X</u>	
	<u>Please refer to Beacon Associates</u>		
	<u>SIPC Claim; the above estimated</u>		
	<u>amount is the claimant's share</u>		
	<u>of the Madoff loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	_____X_____
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	_____X_____
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	_____X_____
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	_____X_____
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____X_____
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	_____X_____



9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

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THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date February 26, 2009 Signature Janet M. Meco  
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

**LIST OF INDIVIDUALS PROVIDING  
ASSISTANCE WITH CLAIM FORM FOR  
CENTRAL NEW YORK LABORERS' HEALTH AND WELFARE FUND  
[16-6044095]**

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J.P. Jeanneret Associates, Inc.  
White Memorial Building  
100 East Washington Street  
Syracuse, New York 13202  
Telephone: (315) 478-2770

Charles E. Blitman, Esq.  
Jonathan M. Cerrito, Esq.  
Blitman & King LLP  
Franklin Center, Suite 300  
443 North Franklin Street  
Syracuse, New York 13204-5412  
Telephone: (315) 422-7111

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Central New York Laborers' Health and Welfare Fund  
7051 Fly Road  
East Syracuse, New York 13057-9659  
Telephone: (315) 434-9305

## RESOLUTION

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**CENTRAL NEW YORK LABORERS'  
HEALTH AND WELFARE FUND**

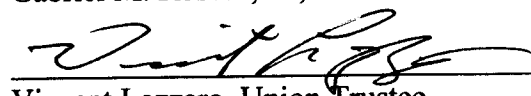
Dated: 2-19-09

By:

  
Gabriel M. Rosetti, Jr., Union Trustee

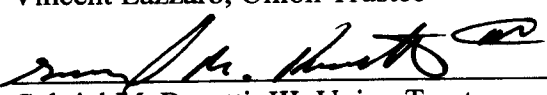
Dated: 2-19-09

By:


  
Vincent Lazzaro, Union Trustee

Dated: 2-19-09

By:

  
Gabriel M. Rosetti, III, Union Trustee

Dated: 2-24-09

By:   
David Henderson, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl N. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl R. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Todd C. Curran, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Paul A. Castaldo, Employer Trustee

**RESOLUTION**

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**CENTRAL NEW YORK LABORERS'  
HEALTH AND WELFARE FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
David Henderson, Jr., Union Trustee

Dated: Feb 20, 2009

By: Earl N. Hall  
Earl N. Hall, Employer Trustee

Dated: FEB 23 2009

By: Earl R. Hall  
Earl R. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Todd C. Curran, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Paul A. Castaldo, Employer Trustee

**RESOLUTION**

**WHEREAS**, the Central New York Laborers' Health and Welfare Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**CENTRAL NEW YORK LABORERS'  
HEALTH AND WELFARE FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
David Henderson, Jr., Union Trustee

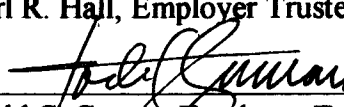
Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl N. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl R. Hall, Employer Trustee

Dated: 2/19/09

By:   
Todd C. Curran, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Paul A. Castaldo, Employer Trustee



## RESOLUTION

**WHEREAS**, the Central New York Laborers' Health and Welfare Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

### **CENTRAL NEW YORK LABORERS' HEALTH AND WELFARE FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee



Dated: \_\_\_\_\_

By: \_\_\_\_\_  
David Henderson, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl N. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl R. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Todd C. Curran, Employer Trustee

Dated: 2.25.09

By:   
Paul A. Castaldo, Employer Trustee

**CNY LABORERS' HEALTH AND WELFARE FUND**  
**EIN NO. 16-6044095**

**UNION TRUSTEES**

Gabriel M. Rosetti, III  
4 Braston Lane  
Jordan, New York 13080  
Telephone:

Gabriel M. Rosetti, Jr., Secretary  
c/o Laborers Local 633  
7051 Fly Road, Suite A  
East Syracuse, New York 13057  
Telephone: (315) 471-1591

Vincent Lazzaro  
c/o Laborers Local 633  
7051 Fly Road, Suite A  
East Syracuse, New York 13057  
Telephone: (315) 471-1591

David Henderson, Jr.,  
c/o Laborers Local 633  
23 Mitchell Street  
Oswego, New York 13126  
Telephone: (315) 343-7661

**EMPLOYER TRUSTEES**

Earl R. Hall, Chairman  
Building Trades Employers Assoc.  
6563 Ridings Road  
Syracuse, New York 13206  
Telephone: (315) 437-9936

Earl N. Hall  
Construction Employers Assoc.  
of CNY, Inc.  
6563 Ridings Road  
Syracuse, New York 13206  
(315) 437-4050

Todd C. Curran  
The Curran Company  
The Union Building, Suite 204  
12 South Main Street  
P.O. Box 258  
Homer, New York 13077  
Telephone: (607) 749-2950

Paul Castaldo  
c/o Paul A. Castaldo, Inc.  
11 Fourth Avenue, Suite D  
Oswego, New York 13126  
Telephone: (315) 343-7980



**CENTRAL NEW YORK LABORERS'**  
**HEALTH AND WELFARE, PENSION, ANNUITY & TRAINING FUNDS**  
7051 FLY ROAD • EAST SYRACUSE, NY 13057-9659  
PHONE (315) 434-9305 • FAX (315) 437-8627

JANET M. MORO  
FUND ADMINISTRATOR

February 26, 2009

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Central New York Laborers' Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

CENTRAL NEW YORK LABORERS' PENSION  
FUND

Janet M. Moro  
Fund Administrator

JMM/mlw

Enclosures

jmc\Madoff\SIPC\IndirectMadoffInvest\CNYLabPF\Income\Picardltr

**CUSTOMER CLAIM**

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

**BERNARD L. MADOFF INVESTMENT SECURITIES LLC**

In Liquidation

DECEMBER 11, 2008

Central New York Laborers' Pension Fund  
7051 Fly Road  
East Syracuse, NY 13057  
Beacon Associates,  
Madoff Account #: 1-B0118  
Tax ID #: 15-6016579

Provide your office and home telephone no.

OFFICE: (315) 434-9305

HOME: (315) 420-8716

Taxpayer I.D. Number (Social Security No.)  
15-6016579

(If incorrect, please change)

**NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.**

\*\*\*\*\*

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 25.92
  - b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ -0-

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities        | <u>X</u>   | <u></u>   |
| b. I owe the Broker securities          | <u></u>    | <u>X</u>  |
| c. If yes to either, please list below: |            |           |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
	\$ 5,688,035.84	<u>X</u>	
	<u>Please refer to Beacon Associates</u>		
	<u>SIPC Claim; the above estimated</u>		
	<u>amount is the claimant's share</u>		
	<u>of the Madoff loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

- |   | <u>YES</u> | <u>NO</u>   |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date February 26, 2009 Signature Janet M. Moco  
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201



**LIST OF INDIVIDUALS PROVIDING  
ASSISTANCE WITH CLAIM FORM FOR  
CENTRAL NEW YORK LABORERS' PENSION FUND  
[15-6016579]**

Dr. John P. Jeanneret, President  
J.P. Jeanneret Associates, Inc.  
White Memorial Building  
100 East Washington Street  
Syracuse, New York 13202  
Telephone: (315) 478-2770

Charles E. Blitman, Esq.  
Jonathan M. Cerrito, Esq.  
Blitman & King LLP  
Franklin Center, Suite 300  
443 North Franklin Street  
Syracuse, New York 13204-5412  
Telephone: (315) 422-7111

Janet M. Moro, Fund Administrator  
Central New York Laborers' Pension Fund  
7051 Fly Road  
East Syracuse, New York 13057-9659  
Telephone: (315) 434-9305

## RESOLUTION

**WHEREAS**, the Central New York Laborers' Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.


**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**CENTRAL NEW YORK LABORERS'  
PENSION FUND**

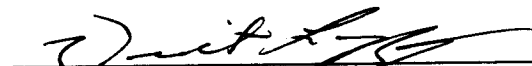
Dated: 2-19-09

By:

  
Gabriel M. Rosetti, Jr., Union Trustee

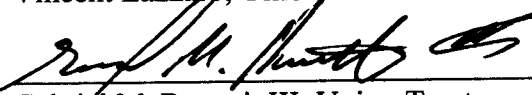
Dated: 2-19-09

By:

  
Vincent Lazzaro, Union Trustee

Dated: 2-19-09

By:

  
Gabriel M. Rosetti, III, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl N. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl R. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Todd C. Curran, Employer Trustee

K:\Madoff\CNYLabPF\ResolutionBeaconIncPlus

**RESOLUTION**

**WHEREAS**, the Central New York Laborers' Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

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**CENTRAL NEW YORK LABORERS'  
PENSION FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

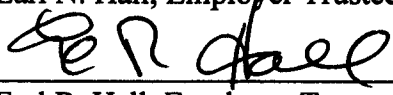
Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee

Dated: Feb 20, 2009

By:   
Earl N. Hall, Employer Trustee

Dated: FEB 23 2009

By:   
Earl R. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Todd C. Curran, Employer Trustee

K:\Madoff\CNYLabPF\Resolution\BeaconIncPlus

**RESOLUTION**

**WHEREAS**, the Central New York Laborers' Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

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**CENTRAL NEW YORK LABORERS'  
PENSION FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl N. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl R. Hall, Employer Trustee

Dated: 2/19/09

By:   
Todd C. Curran, Employer Trustee

Kle\Madoff\CNYLabPF\ResolutionBeaconIncPlus

**CNY LABORERS' PENSION FUND**  
**EIN NO. 15-6016579**

**UNION TRUSTEES**

Gabriel M. Rosetti, Jr., Secretary  
c/o Laborers Local 633  
7051 Fly Road, Suite A  
East Syracuse, New York 13057  
Telephone: (315) 471-1591

Gabriel M. Rosetti, III  
4 Braston Lane  
Jordan, New York 13080  
Telephone:

Vincent Lazzaro  
c/o Laborers Local 633  
7051 Fly Road, Suite A  
East Syracuse, New York 13057  
Telephone: (315) 471-1591

**EMPLOYER TRUSTEES**

Earl R. Hall, Chairman  
Building Trades Employers Assoc.  
6563 Ridings Road  
Syracuse, New York 13206  
Telephone: (315) 437-9936

Earl N. Hall  
Construction Employers Assoc.  
of CNY, Inc.  
6563 Ridings Road  
Syracuse, New York 13206  
(315) 437-4050

Todd C. Curran  
The Curran Company  
The Union Building, Suite 204  
12 South Main Street  
P.O. Box 258  
Homer, New York 13077  
Telephone: (607) 749-2950





**CENTRAL NEW YORK LABORERS'**  
**HEALTH AND WELFARE, PENSION, ANNUITY & TRAINING FUNDS**  
7051 FLY ROAD • EAST SYRACUSE, NY 13057-9659  
PHONE (315) 434-9305 • FAX (315) 437-8627

JANET M. MORO  
FUND ADMINISTRATOR

February 26, 2009

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Central New York Laborers' Training Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

CENTRAL NEW YORK LABORERS' TRAINING  
FUND

Janet M. Moro  
Fund Administrator

JMM/jd

Enclosures

jmc\Madoff\SIPC\IndirectMadoffInvest\CNYLabTF\Picardltr

**CUSTOMER CLAIM**

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

**BERNARD L. MADOFF INVESTMENT SECURITIES LLC**

In Liquidation

**DECEMBER 11, 2008**

Provide your office and home telephone no.

Central New York Laborers' Training Fund  
7051 Fly Road  
East Syracuse, NY 13057  
Andover Associates,  
Madoff Account #: 1-A0061  
Tax ID #: 16-6279211

OFFICE: (315) 434-9305

HOME: (315) 420-8716

Taxpayer I.D. Number (Social Security No.)  
16-6279211

(If incorrect, please change)

**NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.**

\*\*\*\*\*

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 192.99  
b. I owe the Broker a Debit (Dr.) Balance of \$ - 0 -

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, it must be enclosed  
with this claim form.

\$ - 6 -

- d. If balance is zero, insert "None."

None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u>    | <u>NO</u>     |
|---|---------------|---------------|
| a. The Broker owes me securities        | <u>X</u>      | <u>      </u> |
| b. I owe the Broker securities          | <u>      </u> | <u>X</u>      |
| c. If yes to either, please list below: |               |               |

Date of Transaction (trade date)	Name of Security	<u>Number of Shares or Face Amount of Bonds</u>	
		<u>The Broker Owes Me (Long)</u>	<u>I Owe the Broker (Short)</u>
<u>      </u>	<u>\$ 127,794.58</u>	<u>X</u>	<u>      </u>
<u>      </u>	<u>Please refer to Andover Associates</u>	<u>      </u>	<u>      </u>
<u>      </u>	<u>SIPC Claim; the above estimated</u>	<u>      </u>	<u>      </u>
<u>      </u>	<u>Amount is the claimant's share</u>	<u>      </u>	<u>      </u>
<u>      </u>	<u>of the Madoff loss only.</u>	<u>      </u>	<u>      </u>

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	_____X_____
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	_____X_____
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	_____X_____
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	_____X_____
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____X_____
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	_____X_____

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date February 26, 2009 Signature Janet M. Wpa  
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

**LIST OF INDIVIDUALS PROVIDING  
ASSISTANCE WITH CLAIM FORM FOR  
CENTRAL NEW YORK LABORERS' TRAINING FUND  
[16-627911]**

Dr. John P. Jeanneret, President  
J.P. Jeanneret Associates, Inc.  
White Memorial Building  
100 East Washington Street  
Syracuse, New York 13202  
Telephone: (315) 478-2770

Charles E. Blitman, Esq.  
Jonathan M. Cerrito, Esq.  
Blitman & King LLP  
Franklin Center, Suite 300  
443 North Franklin Street  
Syracuse, New York 13204-5412  
Telephone: (315) 422-7111

Janet M. Moro, Fund Administrator  
Central New York Laborers' Training Fund  
7051 Fly Road  
East Syracuse, New York 13057-9659  
Telephone: (315) 434-9305

**RESOLUTION**

**WHEREAS**, the Central New York Laborers' Training Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

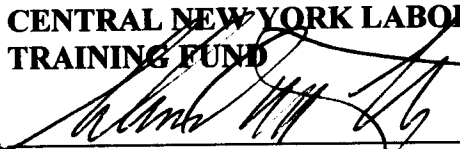
**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**CENTRAL NEW YORK LABORERS'  
TRAINING FUND**


Dated: 2-19-09

By:

  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: 2-19-09

By:

  
Vincent Lazzaro, Union Trustee

Dated: 2-19-09

By:

  
Gabriel M. Rosetti, III, Union Trustee

**RESOLUTION**

**WHEREAS**, the Central New York Laborers' Training Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

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**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**CENTRAL NEW YORK LABORERS'  
TRAINING FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee



Dated: \_\_\_\_\_

Dated: Feb 20, 2009

Dated: FEB 23 2009

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

By: \_\_\_\_\_

John T. Shannon, Union Trustee

By: Earl N. Hall

Earl N. Hall, Employer Trustee

By: Earl R. Hall

Earl R. Hall, Employer Trustee

By: \_\_\_\_\_

Todd C. Curran, Employer Trustee

By: \_\_\_\_\_

Paul A. Castaldo, Employer Trustee

**RESOLUTION**

**WHEREAS**, the Central New York Laborers' Training Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

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For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**CENTRAL NEW YORK LABORERS'  
TRAINING FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
John T. Shannon, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl N. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl R. Hall, Employer Trustee

Dated: 2/19/09

By:   
Todd C. Curran, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Paul A. Castaldo, Employer Trustee

**RESOLUTION**

**WHEREAS**, the Central New York Laborers' Training Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

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**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

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For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**CENTRAL NEW YORK LABORERS'  
TRAINING FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee

*PAE*

**CNY LABORERS' TRAINING FUND**  
**EIN NO. 16-6279211**

**UNION TRUSTEES**

Vincent Lazzaro  
c/o Laborers Local 633  
7051 Fly Road, Suite A  
East Syracuse, New York 13057  
Telephone: (315) 471-1591

Gabriel M. Rosetti, Jr., Secretary  
c/o Laborers Local 633  
7051 Fly Road, Suite A  
East Syracuse, New York 13057  
Telephone: (315) 471-1591

Gabriel M. Rosetti, III  
4 Braston Lane  
Jordan, New York 13080  
Telephone:

John T. Shannon  
c/o Upstate New York Laborers Education  
and Training Fund  
P.O. Box 4069  
Oswego, New York 13126  
Telephone: (315) 343-8553

**EMPLOYER TRUSTEES**

Earl R. Hall, Chairman  
Building Trades Employers Assoc.  
6563 Ridings Road  
Syracuse, New York 13206  
Telephone: (315) 437-9936

Earl N. Hall  
Construction Employers Assoc.  
of CNY, Inc.  
6563 Ridings Road  
Syracuse, New York 13206  
(315) 437-4050

Todd C. Curran  
The Curran Company  
The Union Building, Suite 204  
12 South Main Street  
P.O. Box 258  
Homer, New York 13077  
Telephone: (607) 749-2950

Paul Castaldo  
c/o Paul A. Castaldo, Inc.  
11 Fourth Avenue, Suite D  
Oswego, New York 13126  
Telephone: (315) 343-7980

[TO BE PLACED ON FUND LETTERHEAD]

[DATE]

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Engineers Joint Welfare Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

ENGINEERS JOINT WELFARE FUND

Daniel P. Harrigan  
Administrator

DPH  
Enclosures

jmc\Madoff\SIPC\IndirectMadoffInvest\EJWF\Picardltr

CUSTOMER CLAIM

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

OFFICE: (315) 492-1796

HOME: (315) 241-8534

Taxpayer I.D. Number (Social Security No.)

15-0582931

Engineers Joint Welfare Fund  
101 Intrepid Lane, P.O. Box 100  
Syracuse, NY 13205  
Beacon Associates,  
Madoff Account #: 1-B0118  
Tax ID #: 15-0582931

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

\*\*\*\*\*

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 58.35

b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	_____X_____
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	_____X_____
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	_____X_____
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	_____X_____
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____X_____
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	_____X_____



9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker.

\_\_\_\_\_ X \_\_\_\_\_

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

**EXHIBIT A**